

K130833  
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## 510(K) SUMMARY

JUN 21 2013

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR §807.92(c).

The assigned 510(k) number is: \_\_\_\_\_

### **1. Submitter:**

Shenzhen Mindray Bio-medical Electronics Co., LTD  
Mindray Building, Keji 12th Road South, Hi-tech Industrial Park, Nanshan, Shenzhen,  
518057, P. R. China

Tel: +86 755 8188 5658  
Fax: +86 755 2658 2680

### **Contact Person:**

Wu Zicui  
Shenzhen Mindray Bio-medical Electronics Co., LTD  
Mindray Building, Keji 12th Road South, Hi-tech Industrial Park,  
Nanshan, Shenzhen, 518057, P. R. China

**Date Prepared:** February 01, 2013

### **2. Device Name:**

DP-20 Digital Ultrasonic Diagnostic Imaging System  
DP-30 Digital Ultrasonic Diagnostic Imaging System

#### **Classification**

Regulatory Class: II  
Review Category: Tier II  
21 CFR 892.1550 Ultrasonic Pulsed Doppler Imaging System (IYN)  
21 CFR 892.1560 Ultrasonic Pulsed Echo Imaging System (IYO)  
21 CFR 892.1570 Diagnostic Ultrasound Transducer (ITX)

### **3. Device Description:**

The DP-20 and DP-30 Digital Ultrasonic Diagnostic Imaging System are general purpose, portable/mobile (with mobile ultrasound trolley), software controlled, ultrasonic diagnostic systems. Its function is to acquire and display ultrasound data in B-Mode,

M-Mode, or their combined mode B+M Mode. The systems are Track 3 device that employs an array of transducers including linear array and convex array. The frequency range of DP-20 is approximately 2.0 MHz to 10.0 MHz and that of DP-30 is approximately 2.0 MHz to 12.0 MHz.

#### **4. Intended Use:**

The Digital Ultrasonic Diagnostic Imaging System is applicable for adults, pregnant women, pediatric patients and neonates. It is intended for use in fetal, abdominal, pediatric, small organ(breast, thyroid, testes), neonatal cephalic, adult cephalic, trans-rectal, trans-vaginal, musculo-skeletal(conventional, superficial), cardiac(adult, pediatric), peripheral vascular and urology exams.

#### **5. Comparison with Predicate Devices:**

DP-20 and DP-30 Digital Ultrasonic Diagnostic Imaging System is comparable with and substantially equivalent to these predicate devices:

| Predicate Device | Manufacturer | Model       | 510(k) Control Number |
|------------------|--------------|-------------|-----------------------|
| 1                | Mindray      | DP-20/DP-30 | K113153               |
| 2                | Mindray      | Z6          | K122010               |
| 3                | Mindray      | M7          | K121010               |

They have the same technological characteristics, are comparable in key safety and effectiveness features, and have the same intended uses and basic operating modes as the predicate devices.

The subject devices have been tested under IEC 60601-1, IEC 60601-1-1, IEC 60601-1-2, IEC 60601-1-4, IEC 60601-2-37 and their software has been verified and validated. These tests can support that the subject device is substantial equivalent to the predicate devices in aspect of safety and effectiveness.

#### **6. Non-clinical Tests:**

DP-20 and DP-30 Digital Ultrasonic Diagnostic Imaging System has been evaluated for acoustic output, biocompatibility, cleaning and disinfection effectiveness as well as thermal, electrical and mechanical safety, and has been found to conform with applicable medical safety standards. This device has been designed to meet the following standards: UEMA UD 2, UEMA UD 3, IEC 60601-1, IEC 60601-1-1, IEC 60601-1-2, IEC 60601-1-4, IEC 60601-2-37, UL 60601-1, ISO 14971 and ISO 10993-1, IEC 62366, IEC 62304.

#### **7. Clinical Studies**

Not applicable. The subject of this submission, DP-20 and DP-30 Digital Ultrasonic

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Diagnostic Imaging System, does not require clinical studies to support substantial equivalence.

**Conclusion:**

Intended uses and other key features are consistent with traditional clinical practices, FDA guidelines and established methods of patient examination. The design, development and quality process of the manufacturer confirms with 21 CFR 820, ISO 9001 and ISO 13485 quality systems. The device conforms to applicable medical device safety standards. Therefore, the DP-20 and DP-30 Digital Ultrasonic Diagnostic Imaging System is substantially equivalent with respect to safety and effectiveness to devices currently cleared for market.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center - WO66-G609  
Silver Spring, MD 20993-0002

June 21, 2013

Shenzhen Mindray Bio-Medical Electronics Co., Ltd.  
% Susan D. Goldstein-Falk  
Official Correspondent  
MDI Consultants, Inc.  
55 Northern Blvd., Suite 200  
GREAT NECK NY 11021

Re: K130833

Trade/Device Name: DP-20/DP-30 Digital Ultrasonic Diagnostic Imaging System  
Regulation Number: 21 CFR 892.1550  
Regulation Name: Ultrasonic pulsed doppler imaging system  
Regulatory Class: II  
Product Code: IYN, IYO, ITX  
Dated: March 1, 2013  
Received: March 26, 2013

Dear Ms. Goldstein-Falk:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

This determination of substantial equivalence applies to the following transducers intended for use with the DP-20/DP-30 Digital Ultrasonic Diagnostic Imaging System, as described in your premarket notification:

Transducer Model Number

|          |          |         |
|----------|----------|---------|
| 35C20EA  | 35C50EB  | 65C15EA |
| 65EC10EB | 75L38EB  | 75L53EA |
| 35C50EA  | 65EC10EA | 75L38EA |
| 10L24EA  |          |         |

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,



for

Janine M. Morris  
Director, Division of Radiological Health  
Office of In Vitro Diagnostics  
and Radiological Health  
Center for Devices and Radiological Health

Enclosure

## **Indications for Use**

510(k) Number (if known): K130833

**Device Name:**

DP-20 Digital Ultrasonic Diagnostic Imaging System  
DP-30 Digital Ultrasonic Diagnostic Imaging System

**Indications for Use:**

The Digital Ultrasonic Diagnostic Imaging System is applicable for adults, pregnant women, pediatric patients and neonates. It is intended for use in fetal, abdominal, pediatric, small organ(breast, thyroid, testes), neonatal cephalic, adult cephalic, trans-rectal, trans-vaginal, musculo-skeletal (conventional, superficial), cardiac(adult, pediatric), peripheral vascular and urology exams.

Prescription Use X AND/OR Over - The - Counter Use \_\_\_\_\_  
(21 CFR Part 801 Subpart D) (21 CFR Part 807 Subpart C)

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Concurrence of CDRH, Office of In Vitro Diagnostic and Radiological Health (OIR)

*Smt. J.)*

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(Division Sign Off)  
Division of Radiological Health  
510(k) K130833

**008-1**

## Diagnostic Ultrasound Indications for Use Form

System: DP-20 Digital Ultrasonic Diagnostic Imaging System  
 Model: DP-20  
 510(k) Number(s): \_\_\_\_\_

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Abdominal                     | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Small organ(specify)**        | P                 | P |     |     |               |                   | P                  | Note 2          |
| Neonatal Cephalic             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Adult Cephalic                | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-rectal                  | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-vaginal                 | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Musculo-skeletal Superficial  | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 | P                 | P |     |     |               |                   | P                  | Note 2          |
| Cardiac Pediatric             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph (Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           | P                 | P |     |     |               |                   | P                  | Note 2          |
| Other (specify)***            | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

\*\*Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Biopsy Guidance

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

**System**                    DP-20 Digital Ultrasonic Diagnostic Imaging System  
**Transducer Model:**        35C20EA  
**510(k) Number(s)**        \_\_\_\_\_

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         |                   |   |     |     |               |                   |                    |                 |
| Abdominal                     | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               |                   | P                  | Note 2          |
| Small organ(specify)**        |                   |   |     |     |               |                   |                    |                 |
| Neonatal Cephalic             |                   |   |     |     |               |                   |                    |                 |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |                 |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |                 |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               |                   | P                  | Note 2          |
| Musculo-skeletal Superficial  |                   |   |     |     |               |                   |                    |                 |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 | P                 | P |     |     |               |                   | P                  | Note 2          |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           | P                 | P |     |     |               |                   | P                  | Note 2          |
| Other (specify)***            |                   |   |     |     |               |                   |                    |                 |

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

System: DP-20 Digital Ultrasonic Diagnostic Imaging System  
 Transducer Model: 35C50EB  
 510(k) Number(s):

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Abdominal                     | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Small organ(specify)**        |                   |   |     |     |               |                   |                    |                 |
| Neonatal Cephalic             |                   |   |     |     |               |                   |                    |                 |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |                 |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |                 |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Musculo-skeletal Superficial  |                   |   |     |     |               |                   |                    |                 |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph (Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           |                   |   |     |     |               |                   |                    |                 |
| Other (specify)***            | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

\*\*Other use includes Urology.

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

System DP-20 Digital Ultrasonic Diagnostic Imaging System  
 Transducer Model: 65C15EA  
 510(k) Number(s) \_\_\_\_\_

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         |                   |   |     |     |               |                   |                    |                 |
| Abdominal                     | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               |                   | P                  | Note 2          |
| Small organ(specify)**        |                   |   |     |     |               |                   |                    |                 |
| Neonatal Cephalic             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Adult Cephalic                | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |                 |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |                 |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               |                   | P                  | Note 2          |
| Musculo-skeletal Superficial  |                   |   |     |     |               |                   |                    |                 |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           | P                 | P |     |     |               |                   | P                  | Note 2          |
| Other (specify)***            |                   |   |     |     |               |                   |                    |                 |

N=new indication; P=previously cleared by FDA; E=added under Appendix E.

Additional comments: Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

\*\*Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Biopsy Guidance

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

**System** DP-20 Digital Ultrasonic Diagnostic Imaging System  
**Transducer Model:** 65EC10EB  
**510(k) Number(s)**

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         | P                 | P |     |     |               |                   | P                  | Note 2          |
| Abdominal                     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     |                   |   |     |     |               |                   |                    |                 |
| Small organ(specify)**        |                   |   |     |     |               |                   |                    |                 |
| Neonatal Cephalic             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-vaginal                 | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Superficial  |                   |   |     |     |               |                   |                    |                 |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph (Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           |                   |   |     |     |               |                   |                    |                 |
| Other (specify)***            | P                 | P |     |     |               |                   | P                  | Note 2          |

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes: B+M.

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Concurrence of CDERI, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

**System**                    DP-20 Digital Ultrasonic Diagnostic Imaging System  
**Transducer Model:**        751.38EB  
**510(k) Number(s)**        \_\_\_\_\_

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         |                   |   |     |     |               |                   |                    |                 |
| Abdominal                     | P                 | P |     |     |               | P                 | Note 2             |                 |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               | P                 | Note 2             |                 |
| Small organ(specify)**        | P                 | P |     |     |               | P                 | Note 2             |                 |
| Neonatal Cephalic             | P                 | P |     |     |               | P                 | Note 2             |                 |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |                 |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |                 |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               | P                 | Note 2             |                 |
| Musculo-skeletal Superficial  | P                 | P |     |     |               | P                 | Note 2             |                 |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           | P                 | P |     |     |               | P                 | Note 2             |                 |
| Other (specify)***            |                   |   |     |     |               |                   |                    |                 |

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

\*\*Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Biopsy Guidance

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

**System**                    DP-20 Digital Ultrasonic Diagnostic Imaging System  
**Transducer Model:**        75L53EA  
**510(k) Number(s)**

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         |                   |   |     |     |               |                   |                    |                 |
| Abdominal                     | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               |                   | P                  | Note 2          |
| Small organ(specify)**        | P                 | P |     |     |               |                   | P                  | Note 2          |
| Neonatal Cephalic             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |                 |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |                 |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               |                   | P                  | Note 2          |
| Musculo-skeletal Superficial  | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           | P                 | P |     |     |               |                   | P                  | Note 2          |
| Other (specify)***            |                   |   |     |     |               |                   |                    |                 |

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

\*\*Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Biopsy Guidance

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

## Diagnostic Ultrasound Indications for Use Form

**System**                    DP-30 Digital Ultrasonic Diagnostic Imaging System  
**Model:**                 DP-30  
**510(k) Number(s)**

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Abdominal                     | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Small organ(specify)**        | P                 | P |     |     |               |                   | P                  | Note 2          |
| Neonatal Cephalic             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Adult Cephalic                | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-rectal                  | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-vaginal                 | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Musculo-skeletal Superficial  | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 | P                 | P |     |     |               |                   | P                  | Note 2          |
| Cardiac Pediatric             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           | P                 | P |     |     |               |                   | P                  | Note 2          |
| Other (specify)***            | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

\*\*Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Biopsy Guidance

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

System DP-30 Digital Ultrasonic Diagnostic Imaging System  
 Transducer Model: 35C20EA  
 510(k) Number(s) \_\_\_\_\_

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |
| Fetal                         |                   |   |     |     |               |                   |                    |
| Abdominal                     | P                 | P |     |     |               | P                 | Note 2             |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |
| Pediatric                     | P                 | P |     |     |               | P                 | Note 2             |
| Small organ(specify)**        |                   |   |     |     |               |                   |                    |
| Neonatal Cephalic             |                   |   |     |     |               |                   |                    |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |
| Trans-urethral                |                   |   |     |     |               |                   |                    |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |
| Musculo-skeletal Conventional | P                 | P |     |     |               | P                 | Note 2             |
| Musculo-skeletal Superficial  |                   |   |     |     |               |                   |                    |
| Intravascular                 |                   |   |     |     |               |                   |                    |
| Cardiac Adult                 | P                 | P |     |     |               | P                 | Note 2             |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |
| Peripheral Vascular           | P                 | P |     |     |               | P                 | Note 2             |
| Other (specify)***            |                   |   |     |     |               |                   |                    |

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

\*\*Other use includes Urology.

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Note 2: Biopsy Guidance

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

System: DP-30 Digital Ultrasonic Diagnostic Imaging System  
 Transducer Model: 35C50EA  
 510(k) Number(s):

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Abdominal                     | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Small organ(specify)**        |                   |   |     |     |               |                   |                    |                 |
| Neonatal Cephalic             |                   |   |     |     |               |                   |                    |                 |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |                 |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |                 |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |
| Musculo-skeletal Superficial  |                   |   |     |     |               |                   |                    |                 |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           |                   |   |     |     |               |                   |                    |                 |
| Other (specify)***            | P                 | P |     |     |               |                   | P                  | Note 1, Note 2  |

N=new indication; P=previously cleared by FDA; E=added under Appendix E

Additional comments: Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

\*\*Other use includes Urology.

Note 1: Tissue Harmonic Imaging. The feature does not use contrast agents.

Note 2: Biopsy Guidance

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

## **Diagnostic Ultrasound Indications for Use Form**

**System** DP-30 Digital Ultrasonic Diagnostic Imaging System  
**Transducer Model:** 65C1SEA  
**510(k) Number(s)**

N=new indication; P=previously cleared by FDA; E=added under Appendix E

**Additional comments:** Combined modes: B+M.

\*Small organ-breast, thyroid, testes, etc.

**\*\*Other use includes Urology.**

**Note 1: Tissue Harmonic Imaging.** The feature does not use contrast agents.

#### Note 2: Biopsy Guidance

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**Concurrence of CDRH, Office of Device Evaluation(ODE)**

**Prescription USE (Per 21 CFR 801.109)**

## **Diagnostic Ultrasound Indications for Use Form**

**System** DP-30 Digital Ultrasonic Diagnostic Imaging System  
**Transducer Model:** 65EC10EA  
**510(k) Number(s)**

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         | P                 | P |     |     |               |                   | P                  | Note 2          |
| Abdominal                     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     |                   |   |     |     |               |                   |                    |                 |
| Small organ(specify)**        |                   |   |     |     |               |                   |                    |                 |
| Neonatal Cephalic             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-vaginal                 | P                 | P |     |     |               |                   | P                  | Note 2          |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Superficial  |                   |   |     |     |               |                   |                    |                 |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           |                   |   |     |     |               |                   |                    |                 |
| Other (specify)***            | P                 | P |     |     |               |                   | P                  | Note 2          |

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**Additional comments:** Combined modes: B+M.

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**\*\*Other use includes Urology.**

**Note 1: Tissue Harmonic Imaging.** The feature does not use contrast agents.

#### **Note 2: Biopsy Guidance**

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**Prescription USE (Per 21 CFR 801.109)**

### Diagnostic Ultrasound Indications for Use Form

**System**                    DP-30 Digital Ultrasonic Diagnostic Imaging System  
**Transducer Model:**        7SL38EA  
**510(k) Number(s)**        \_\_\_\_\_

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         |                   |   |     |     |               |                   |                    |                 |
| Abdominal                     | P                 | P |     |     |               | P                 | Note 2             |                 |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               | P                 | Note 2             |                 |
| Small organ(specify)**        | P                 | P |     |     |               | P                 | Note 2             |                 |
| Neonatal Cephalic             | P                 | P |     |     |               | P                 | Note 2             |                 |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |                 |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |                 |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               | P                 | Note 2             |                 |
| Musculo-skeletal Superficial  | P                 | P |     |     |               | P                 | Note 2             |                 |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           | P                 | P |     |     |               | P                 | Note 2             |                 |
| Other (specify)***            |                   |   |     |     |               |                   |                    |                 |

N=new indication; P=previously cleared by FDA; E=added under Appendix E.

Additional comments: Combined modes: B+M.

\*\*Small organ-breast, thyroid, testes, etc.

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

System DP-30 Digital Ultrasonic Diagnostic Imaging System  
 Transducer Model: 75L53EA  
 510(k) Number(s) \_\_\_\_\_

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         |                   |   |     |     |               |                   |                    |                 |
| Abdominal                     | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     | P                 | P |     |     |               |                   | P                  | Note 2          |
| Small organ(specify)**        | P                 | P |     |     |               |                   | P                  | Note 2          |
| Neonatal Cephalic             | P                 | P |     |     |               |                   | P                  | Note 2          |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |                 |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |                 |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               |                   | P                  | Note 2          |
| Musculo-skeletal Superficial  | P                 | P |     |     |               |                   | P                  | Note 2          |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           | P                 | P |     |     |               |                   | P                  | Note 2          |
| Other (specify)***            |                   |   |     |     |               |                   |                    |                 |

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Additional comments: Combined modes: B+M.

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Note 2: Biopsy Guidance

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)

### Diagnostic Ultrasound Indications for Use Form

System                            DP-30 Digital Ultrasonic Diagnostic Imaging System  
 Transducer Model:                IOL24EA  
 510(k) Number(s)                \_\_\_\_\_

| Clinical Application          | Mode of Operation |   |     |     |               |                   |                    |                 |
|-------------------------------|-------------------|---|-----|-----|---------------|-------------------|--------------------|-----------------|
|                               | B                 | M | PWD | CWD | Color Doppler | Amplitude Doppler | Combined (specify) | Other (specify) |
| Ophthalmic                    |                   |   |     |     |               |                   |                    |                 |
| Fetal                         |                   |   |     |     |               |                   |                    |                 |
| Abdominal                     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (specify)*     |                   |   |     |     |               |                   |                    |                 |
| Intraoperative (Neuro)        |                   |   |     |     |               |                   |                    |                 |
| Laparoscopic                  |                   |   |     |     |               |                   |                    |                 |
| Pediatric                     |                   |   |     |     |               |                   |                    |                 |
| Small organ(specify)**        | P                 | P |     |     |               | P                 | Note 2             |                 |
| Neonatal Cephalic             |                   |   |     |     |               |                   |                    |                 |
| Adult Cephalic                |                   |   |     |     |               |                   |                    |                 |
| Trans-rectal                  |                   |   |     |     |               |                   |                    |                 |
| Trans-vaginal                 |                   |   |     |     |               |                   |                    |                 |
| Trans-urethral                |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(non-Card.)       |                   |   |     |     |               |                   |                    |                 |
| Musculo-skeletal Conventional | P                 | P |     |     |               | P                 | Note 2             |                 |
| Musculo-skeletal Superficial  | P                 | P |     |     |               | P                 | Note 2             |                 |
| Intravascular                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Adult                 |                   |   |     |     |               |                   |                    |                 |
| Cardiac Pediatric             |                   |   |     |     |               |                   |                    |                 |
| Intravascular (Cardiac)       |                   |   |     |     |               |                   |                    |                 |
| Trans-esoph.(Cardiac)         |                   |   |     |     |               |                   |                    |                 |
| Intra-Cardiac                 |                   |   |     |     |               |                   |                    |                 |
| Peripheral Vascular           | P                 | P |     |     |               | P                 | Note 2             |                 |
| Other (specify)***            |                   |   |     |     |               |                   |                    |                 |

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Additional comments: Combined modes: B+M.

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Note 2: Biopsy Guidance

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Concurrence of CDRH, Office of Device Evaluation(ODE)

Prescription USE (Per 21 CFR 801.109)